

NO. 123. AN ACT RELATING TO IMPROVING AVAILABILITY OF HOME AND COMMUNITY BASED CARE SERVICES.

(H.735)

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. LONG-TERM CARE MEDICAID 1115 WAIVER

(a) The general assembly endorses the concept of the federal Medicaid 1115 waiver filed by the department of aging and disabilities which would entitle an eligible consumer to choose between home and community based care or nursing home care.

(b) The health access oversight committee created in Sec. 13 of No. 14 of the Acts of 1995 shall have oversight for the development, implementation, and ongoing operation of any long-term care Medicaid waivers applied for and received by the agency of human services. The secretary of human services shall report to the committee upon its request.

(c) If the long-term care Medicaid 1115 waiver is approved, the department shall implement the waiver in such a manner as to assure that any individual receiving services on the date the waiver becomes effective shall continue to receive appropriate services as assessed under the level of care criteria in effect prior to the waiver.

(d) Any savings realized due to the implementation of the long-term care Medicaid 1115 waiver shall be retained by the department and reinvested into providing home and community based services. If at any time the agency

reapplies for a Medicaid waiver to provide these services, it shall include a provision in the waiver that any savings shall be reinvested.

(e) The commissioner of aging and disabilities will convene a task force to assist the commissioner in developing a statewide protocol under the proposed long-term care Medicaid 1115 waiver to ensure consumers entering the long-term care system are assessed and informed of their options prior to entering a nursing home. The protocol shall ensure that the assessment and information is provided in a timely manner so as not to delay discharges from hospitals and shall include provisions for emergency admissions to nursing homes. The task force shall include representatives of the Vermont Association of Hospitals and Health Systems, the Vermont Health Care Association, the Vermont Assembly of Home Health Agencies, the Area Agencies on Aging, the Vermont Coalition for Disability Rights, the Vermont Center for Independent Living, the Vermont Long-Term Care Ombudsman Program, and the Department of Health.

(f) “Home and community based services” means long-term care services that are designed to assist older Vermonters and people with disabilities to remain independent and avoid inappropriate institutionalization. Home and community based services include but are not limited to:

(1) services funded through a long-term care Medicaid 1115 waiver;

(2) services provided to individuals with traumatic brain injury through a Medicaid waiver;

(3) services provided in residential care homes, including assisted community care services and assisted living residences;

(4) attendant services;

(5) homemaker services;

(6) services funded through the Older Americans Act;

(7) adult day services;

(8) home health services;

(9) respite services for families including an individual with Alzheimer's disease;

(10) services provided by the Home Access Project of the Vermont Center for Independent Living;

(11) programs providing meals for young people with disabilities;

(12) services provided by the Sue Williams Freedom Fund of the Vermont Center for Independent Living;

(13) living skills services from the Vermont Association for the Blind and Visually Impaired;

(14) services under the Program for All-Inclusive Care of the Elderly (PACE);

(15) services under the Home Share Vermont program; and

(16) transportation services.

Approved: May 21, 2004